

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		2				
8		0				
9		0				
10		1				
11		3				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
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22			/			
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	23	←	20	←		
TOTAL CLAIMS	24	[QR]	21	[QR]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	
					←	
					←	